\	FORM	CHECK APPROPRIATE	BOXES—PLE	RIBUTIONS AND EXPENDITURES ASE TYPE OR PRINT IN BLACK INK	RECE	PPED
	L	Quarterly Repor (Check one:)	1 st		JUL 1	4 2021
MINOS S	D-2			on Line E must be \$0) rt Indicated Above	State Board of Elections Springfield Office	
Full name and complete mailing address of Political Committee:				CHECK FOR ADDRESS CHANGE	COMMITTEE ID #	
Campaign to 1928 1/2 Sta Peru, IL 613		rtley			2179711	, , - , ,
E-mail address: C	dbartley@per	u.il.us	Пс	HECK FOR E-MAIL ADDRESS CHANGE		
REPORTING PI		AILABLE AT BEGINN		ALL POLITICAL COMMITTE	EES RETURN TO:	
04/01/21 06/	RTING PERIOD: 00 amount in SECTION D, Lir		STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503	STATE BOARD OF ELE JAMES R THOMPSON 100 W RANDOLPH, ST CHICAGO, IL 60601-3	CENTER TE 14-100	
FROM THRU Repeat this amount in SECTION D, Line (A) SECTION A — RECEIPTS				SECTION B — EXPENDITURES		
Individual Co a. Itemized b. Not-Item	(from Schedule A):	\$0 \$0	(1a) (1b)	Transfers Out a. Itemized (from Schedule B): b. Not-Itemized:	\$ <u>0</u> \$0	(6a) (6b)
2. Transfers In a. Itemized	(from Schedule A):	\$ <mark>0</mark>	(2a)	7. Loans Made a. Itemized (from Schedule B):	ş ⁰	(7a)
b. Not-item		\$ <u>0</u>	(2b)	b. Not-Itemized:	\$ <u>0</u>	(7b)
3. Loans Receiv a. Itemized b. Not-Item	(from Schedule A):	\$ <u>0</u> \$0	(3a) (3b)	8. Expenditures a. Itemized (from Schedule B): b. Not-Itemized	\$ <mark>0</mark> \$0	(8a) (8b)
4. Other Receip		T	(,-	9. Independent Expenditures	Ψ	(00)
	(from Schedule A):	\$0	(4a)	a. Itemized (from Schedule B-9	9): \$ <mark>0</mark>	(9a)
b. Not-Item	nized	\$ <u>0</u>	(4b)	b. Not-Itemized	\$ <u>0</u>	(9b)
TOTAL RECE	IPTS (1a thru 4b)	\$ <u>0</u>	(TR)	TOTAL EXPENDITURES (6a thru	9b)\$ <mark>0</mark>	(TE)
**************************************				**************************************		
a. Itemized	(from Schedule I):	\$ <u>0</u>	(5a)	10. a. Itemized (from Schedule C):	\$ <u>0</u>	(10a)
b. Not-Item	ized	\$ <u>0</u>	(5b)	b. Not-Itemized	\$ <u>0</u>	(10b)
	ND (5a + 5b)	\$ <u>0</u>	(TI)	TOTAL DEBTS & OBLIGATIONS	\$ <u>0</u>	
	******		*****	**************************************	SH BALANCE	*****
Name and ad than the com	dress of person sub- mittee's Chair or Tro	mitting this report <u>if</u> easurer:	other	Cash available at beginning reporting perio	of \$326.40	(A)
				Total Receipts from Section A (T	R): \$ ⁰	(B)
				Total cash (A) plus ((B): \$ <mark>U</mark>	(C)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

Total Expenditures from Section B (TE): 90

Funds available at close of reporting period (C minus D): \$326.40

Investments total (if applicable): \$0

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

07-12-01 DATE

(D)

(E)

(F)